X	h	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1	16729
		CEASED NAME FIRST	Mae	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
*00		DOROT	HY MAY	BELL	June 1, 198	9:06A
	1. SE	Female	RACE White	S DATE OF BIRTH MONTH DAY YEAR Way 8 1897	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS BAYS HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COL	
phillips 6		Leonardtown	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE St. Mary's	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OF INDUSTRY
35	13a 3	STATE 13b COU	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE MARY S LEONAY	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Cedar Lane ME	Apt. 215
180	Ro	bert B. Wald		Sarah	WIDDLE	Auston
he medica	1	lo	/E WAR OR DATES)	James R.	ADDRES Rt Smith Charl	
ase remayer carbon pay al. cremation or remaya refler fraumatic event,		PART I. DEATH WAS CAUSE	ally ane cause per line far (a), (b), of D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUATION OF TO, OR AS A CONSEQUAT	JENCE OF Jones	n 2 mont	BETWEEN ONSET AND DEATH
to back	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
out on 9	THEAT	9a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
tral-trami	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEA	M IB PART I OR PART 2)
h and Mu h and Mu arked or I	MEDICAL	21d. IN JURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt		low the deceased alive on	tal) attended the deceased fram. 19 11) view the body ofter death.	, 19, and that in (my) (our) opinian	death occurred an the date and	that (I) (we) las I haur and from the couses stated

GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES T IB PART I OR PART 21 COUNTY STATE _____ that (I) (we) last haur and from the couses stated TO FUNERAL DIRE should be detached with the State Dept. IMPORTANT: If Hem DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS V. K. Shah, M.D. Maryland 20650 Leonardtown, Charles Memorial Leonard

Charles Memorial Leonard

150 DATE REC'D. BY REGISTRAN

UN 3 _ 1981 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE BP. Burial Leonardtown Mary's Md. 24 FUNERAL DIRECTOR (VRA 15, 4) Clarke Mattingley Leonardtown

2b. HOUR 9:06AM

MD.

DHMH - 16 50M 1/81

Control of the state of the sta June 1, 1st styrc. .st Demorrate Car arrive 84 III 16. ... 18. Th. ... Line from the second TORRER INTERNATIONAL TRANSPORTER OF THE PROPERTY OF THE PROPER TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical examiner must be natified of once

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC	NO	

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1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
Ī	I. DECEASED NAME FIRST	MIDD	LE L	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
1	WILL	TAM HOL	VARD BENI	VETT	June 23,1981		08:45 Me
Ī	3. SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	Male	White	June	18, DAY 1892 YEAR	89 _{YRS}	MONTHS DAYS	HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH.	AT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
1	Md.	U.S.A.	WIDOWE		St. Mary's		MD.
T	10 CITY OR TOWN OF DEATH		PITAL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
2	Leonardtown		y's Hospita	al			
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COU Md. St. I		RESIDENCE BEFORE ADMISSION) CITY OR TOWN alifornia	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Rt.2, Box 49		
2	14. FATHER'S NAME FIRST William Tho	MIDDLE	Bennett	15. MOTHER'S MAIDEN NA FIRST Mary		Shermati	ni
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
i	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	16-10-4792A	Essie Mae Be	ennett Same as	13e.	
	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [Isnaral		IN CERT	ES, WERE FINDIN	NGS USED
	OR CONTRIBUTING CAUSE OF DE	R) P.M.	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	I PART I OR PART 2)	
1	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220 Learning that III. (the saw the deceased allow or observe, II. (and III.) and III. (b) and III. (c) and I	ST VICE THE BOOK	24 1° 87 00	ATTENDING PHYSICIAN D	death accurred on the date and ha	22c. DATE	
1	230 BURIAL, CREMATION JEMOVA Burial	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE	73c. NAME OF C	EMETERY OR CREMATORY INS Cem.	23d LOCATION	20650 t, Mary's	s State
	74 FUNERAL DIRECTOR W. CTarke Mattin	ngley Leo	nardtown, Mo		TE REC'D. BY REGISTRAR 256. REGIS		

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician. TILLES - HOWER - CINCIP - Dane 23, 1981

J. Ery's

is a sign of the same is a sign of

J. Tatrick Jarbon, M.S. Leonard Com, Mary land 1 0050

B) ,
X	on been signed by the attending physicion and completely filled in by the furnish diseas, page 3 seem. Their please remove cathor objects Pages I and 2 should be filed within 72 househer death
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) law requires that the death certificate be executed within 24 hours after death. Fage 4 may be	9 4
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FOR DEPARTMENT OF STATE DEPARTMENT OF CERTI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

,	7	e-gr	
6	/	3	

254 DATE REC D BY REGISTRAR ISH REGISTRAR'S SIGNATURE

	F)RST		WDDU	EAST.		2x DATE OF D	REG. NO.	retre (ha	y year	Ith HOU	
(TYPE CR PRINT)	WILLI	MA	THOMAS	BISC	OE	June	h. :	1981		9:04	P
SEX		RACE		5. DATE OF B	whole above and	& AGE THINEA		ATI F	UNDERTICAL		4 14001
Male		Blac	k	April	25,1905	76		VRS.	BANKS BANS	HOURS.	MAL
E BIRTHPLACE MATERIAL COUNTRY)		L CITIZEN OF	WHAT COUNTRY?	MARRED L	NEVER MARRIED	+ BALTIMORE	The same	OUNTYO	FDEATH		
Maryland			HOSPITAL NURSIN	WIDOWED OR O		17s USUAL OC	Mary		Title KIND (OF BUSINES	M
Leonardto	wn		Mary's Ho		ON THE RESERVE OF THE PERSON O	Truck			INDUSTRY		
SUAL RESIDENCE (# %) B. STATE laryland	13F CORN	Mary's	Lexingto	N 1136	INSIDE CITY LIMITS?	IJE STREET AD	DRESS				
FATHER'S NAME THUT JOSE)	oh I	Biscoe	CAST		MOTHER'S MAIDEN NA		Ann	46.		ase	
NO OF UNENDWAY		WED FORCES?	216-09-0	100	ristine Llo	and Co	lifor	nin W	d		
underlying cous	e fost	(c)_	12	ango	ayes 1	sery	BOCK	MIX	1 4/	11.	
PART 2: OTHER SIG	rph	TIBL COND	MON FOR WHICH	DE!	B Calcu	afalm	15	IL FYES, VICERTIFYI	MESE JANDE	S OF DEATH	8
12	CALIFE OF BEAT	TIB. TIME CHOUR A P	OF INJURY M. MONTH DA M. OF INJURY	OPERATION W	AS PERFORMED CHOW INJURY OCCUR LOCATION	RED JEINTER HATU	EKM	IN IF YES, V I CERTIFYI YES	WE HE JAJOH	NO [42
21s. ACCIDENT WAS UP OR CONTRIBUTING 11 PUTER, NOCES MICE.	CAUSE OF DEAT	TIB. TIME CHOUR A P	OF INJURY M. MONTH DA	OPERATION W	AS PERFORMED	RED JEINTER HATU	E Kny	IN IF YES, V I CERTIFYI YES	WEEE ANDI	NO [e e

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

PORTANT II he

24 FUNERAL DIRECTOR

W. Clarke Mattingley Leonardtown, Maryland

WILDIAM THIRDS BISSON TO JUNE L. 1981 9:65 P niggal. .tl

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ľ	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
	ECEASED NAME FIRST		WIDDLE	i	AST	20. DATE OF DI		DAY YEAR	2b HOUR
(11	PE OR PRINT) CHARLE	S BI	EN TON	В	OND	June	7,1981		06:00
3 S	EX	4 RACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 FIRS
	Male	White		June		97	YRS	MONTHS DAYS	HOURS MIN.
76.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE	CITY OR COUN		
	Md.	U.S.A		WIDOWE	D NEVER MARRIED L	St.Ma	rule		
	CITY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	120 USUAL OC			F BUSINESS OR
I	eonardtown	The second second	v's Host			Farmi		THE THE OSTAL	
U50 13a	UAL RESIDENCE LIF NURSING HOME OF	OR OTHER INSTITUTION	Give residence before 13c. CITY OR TOW Mechani	ADMISSION)	INSIDE CITY LIMITS?		Press Box	303	
4 F	FATHER'S NAME				15. MOTHER'S MAIDEN NA				
	John Benj	amin	Bond		Mary	٨	MIDDLE	Graves	T
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	220-34-	4308	Bessie W.	Bond	Same	asl3e.	
	18 CAUSE OF DEATH (Enter of	nly one couse per	line for (a) (b) and	d (c				APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	ARDIO	RES	PIRATORY	FAIL	URE.		21:351 AND DEATH
	14149		R AS A CONSEQUE	NCE OF					
	Canditians, if any, which	(1b)	Covono	244	Artery	DICE	20180		
	gove rise to immediate	S DUE TO O	R AS A CONSEQUE	INCE OF	,1		line.	1	
	underlying couse lost.	100000	aactvo-		estinal	Plees	lina		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT					
NO O		Dep	tic Ul	COV	Dicease				
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	Y? 206 IF Y	ES, WERE FINDIN	IGS USED
TE						YES IN		TIFYING CAUSES	OF DEATH?
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOW INJURY OCCURE				
	OR CONTRIBUTING CAUSE OF DE	. ALIA	M. MONTH DA	AY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE		17	21f LOCATION				
ME	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY, OFFICE, F.	ARM ETC)	SIRÉET	C	ITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this hosp	oital) attended th	e deceased fram_	6/0	19.8/	to. 6	17	19 87	that (1) (we) lost
	sow the deceased alive a above, (1) (we) (did) (did n	- 6/	7 19	8/, 01	nd that in (my) (our) opinion (death accurred o	n the date and ho		(. , ,
	226. SIGNATURE				DEGREE			22c. DATE	SIGNED
	(1)	16			ATTENDING PHYSICIAN A	MEDICAL DIRECTOR	STAFF PHYSICIAN	6/8	181
	224 PHYSICIAN'S NAME TIPPE	OREST		11 31	22e ADDRESS	F		10/0/	31
	Adinath Pat	il M D			Leonardtow	n Marul	and 20	650	
23a	BURIAL, CREMATION, REMOVA		123c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		030	
	urial	6/9/8			on Cem.			re cost.M	ary 5
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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR W. Clarke Mattingley

Leonardtown, Md.

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 m retained by the haspital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and completely filled in the first including the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the first with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner must be cettled as a market of the second of the
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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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Male BIRTHPLACE (STATE OR FOREIGN TOURING) Md. CITY OR TOWN OF DEATH	ROGER RACE White	BURROL 5. DATE OF BIRTH		REG. NO.	DAY YEAR	2b. HOUR
SEX Male BIRTHPLACE (STATE OR FOREIGN TOUNIRY) Md. CITY OR TOWN OF DEATH	White					
Male BIRTHPLACE (STATE OR FOREIGN 7) COUNTRY) Md. CITY OR TOWN OF DEATH 1	White		ICHS SP I	une 10. 19	180	6:45 PM
BIRTHPLACE (STATE OR FOREIGN 70 COUNTRY) Md. CITY OR TOWN OF DEATH 1			6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Md. CITY OR TOWN OF DEATH	L CITIZENI OF WHAT COUNT	Sept.13,	, 1898 [^]	82	MONTHS DAYS	HOURS MIN.
Md.	B CHIZEN OF WHAT COUNT		9 RAIT	IMORE CITY OR COU		
	U.S.A.	WIDOWED	DIVORCED St.	.Mary's		ME
eonardtown	1. NAME OF HOSPITAL, NU			UAL OCCUPATION WORK FOR MOST OF WORKIN		OF BUSINESS OR
	other institution Give residence by 13t. CITY OR 1 ary 's Mecha	nicsvilvle	NO 🛣 R	t.5		1 1
FATHER'S NAME FIRST James S	Burro		HER'S MAIDEN NAME Eva	WIDDLE	Hancock	ST C
WAS DECEASED EVER IN U.S. ARM			ormant oryetta B. 1	ADDRESS Burroughs	s Same	as 13e
part 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE	ICH OPERATION WAS PE	ATED TO THE TERMINAL DIS	AUTOPSY? [206. IF	I GIVEN IN PART 11 F YES, WERE FINDI ERTIFYING CAUSES	NGS USED
21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	21c HO	YES	ER NATURE OF INJURY IN ITEM	YES	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFF	19 21f LOC	CATION	CITY OR TOWN	COUNTY	NO
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22d. certify that (I) (this hospital DOOM OF INCIDENT AND ONE OF THE OFFI	P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFF	DEGREE	(my) cour) opinion deoth occurrence of the physician december of the p	CAL STAFF	hour and from the	STATE that (4) we) lost
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK 220 1 certify that (1) (this hospital statement) 21d. IN JURY OCCURRED AT WORK 220 1 certify that (1) (this hospital statement) 220 1 certify that (1) (this hospital statement) 220 2 certify that (1) (this hospital statement) 221 3 10 N JURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFF	DEGREE	(my) cour) opinion deoth occ ATTENDING MEDIC PHYSICIAN DIRECT DRESS	CAL STAFF	hour and from the	state tha (1) we) lost couses stoted SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

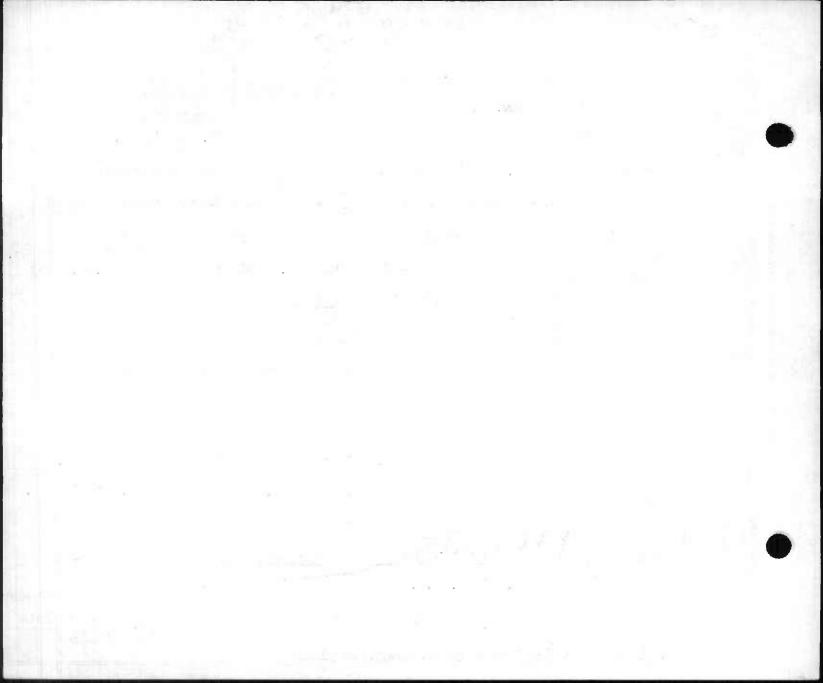
Mark Mirrolds, St. June 10, 1901

B.MAINT.

Lagranders St. Warp's Mosnical

J. O. O. C. C. M. D.

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	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	1 6	1 3 5
	DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
-	JOSEPI		CONNELLY	June 30,	1981	10:07
3.	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST 816	RTHDAY) IF UNDER	R 1 YEAR IF UNDER 24 H
1	Male BIRTHPLACE (STATE OF FOREIGN	White	July 30, 1923	58	YRS	
5	Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	St. Mary	_	AIH
16	Leonardtown	St. Mary's Hos	pital	12ª USUAL OCCUPAT (TYPE OF WORK FOR MOST C		KIND OF BUSINESS (USTRY
3.5	SUAL RESIDENCE (IF NURSING HOME OF STATE Md. 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY Mary's Mechani		13e. STREET ADDRESS	Box 566	
an	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		U.S. Del	LAST
100		Kinley Conne				usic
16		RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES)	Mary Getru	ADDRI		as #13
1 =	Yes	nly one couse per line (a) (b) an		ue Gray		APPROXIMATE INTERVALE ETWEEN ONSET AND DEA
		167				
9	19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
9	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED 21t. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH? NO
4	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21t. HOW INJURY OCCURI	200 AUTOPSY? YES NO	20b IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
4	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY	OPERATION WAS PERFORMED 21t. HOW INJURY OCCURI 19 21t. LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH? NO
9999	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21t. HOW INJURY OCCURI 19 21t. LOCATION	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH: NO
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN WORK 21 Learning that III Ithin hoss	21b. TIME OF INJURY HOUR A.M. MONTH D.P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI 19 21f. LOCATION STREET 19 19	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUING CITY OR TO COMPANY)	20b IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH: NO
4	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (# ETITHER NOTIFY MEDICAL EXAMINI 21d, INJURY OCCURRED WHILE NOT WHILE COMMON THE	21b. TIME OF INJURY HOUR A.M. MONTH D.P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	OPERATION WAS PERFORMED 21t. HOW INJURY OCCURI 19 21t. LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUING CITY OR TO COMPANY)	20b IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH NO
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	STATE OF MARYLA
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	William			M.D.		Leonard			and	20650		
	URIAL, CREMATION	N, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCA	ATION		COUNTY		TATE
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	INERAL DIRECTOR			ADDRESS			E REC'D. BY R	REGISTRAR		TRAR'S SHOW	12 . J	
W.	Clarke Ma	attingl	ey Leon	ardtown, M	Maryla	and J	MIT	1981	pu	1	-5000	7

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OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely filled in by the funeral ashould be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or remaval.

MPORTANT: If Item 21 is morked or Item 18 shows ony

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin should be detached for use as the buriol-transit permit. Then please remove carliwith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or WAPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumating.

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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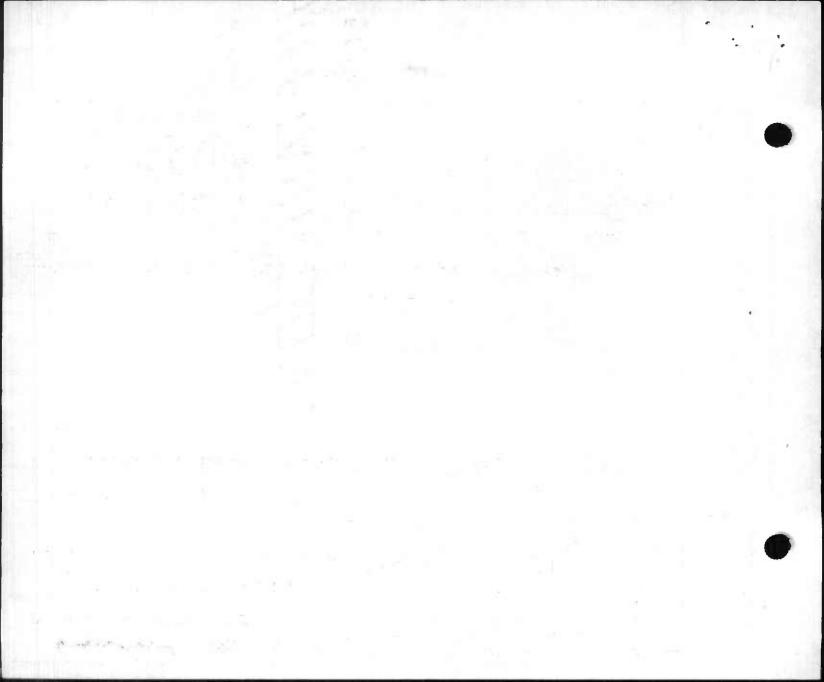
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRS	MIDD	LE L/	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
11112	RICH	HARD MI	LFORD FA	RRELL	JUNE 26,198	31	M
3 SE	X =	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	White	Nov	. 23,1937	43	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH	1000
	ey, Marylar	nd USA	WIDOWE		St Mary's		MD.
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NE	at RESIDENCE HE NURSING HO TATE 1355	t Wary's	RESIDENCE BEFORE ADMISSION) CITY OR TOWN VENUE	134 INSIDE CITY LIMITS?	Box 94 Mayo	roft Ro	ad
14 FA	Thomas	Benjamin	Farrell	15 MOTHER'S MAIDEN NA FIRST Blan	WIDDIE	Graves	ST.
	VAS DECEASED EVER IN U.		SOCIAL SECURITY NO.	17. INFORMANT		Box 94	
	No		15-36-3255	Geneva C.	Farrell Ave	nue, Mar	yland
	18 CAUSE OF DEATH (Em	ter only one cause per line AUSED BY: EDIATE CAUSE (0)	Oronze	occlus	(in	BETWEEN	MAYE INTERVAL ONSET AND DEATH
	2500 Conditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF	Artie	Disesse	3-	75
	cause (a), stating the underlying cause las	DUE TO, OR AS	A JONSEOUENCE OF	5		10	700
NO O	PART 2 OTHER SIGNIFICA	ANT CONDITIONS <u>CONT</u>	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 11	0
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		hospital) ottended the development of the bod after		d that in my lour) opinion	death occurred an the date and	hour and from the	tha (I) (we) last couses stated
	IN SIGNATURE	Du	be it	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	5/8/
	Leon Ber	ube M. D.			csville,Mary	land	
23a. E	SURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	6/29/19	981 Sacre	d Heart	Bushwood.S		s.Md.
	INERAL DIRECTOR		ADDRESS		E REC'D. BY REGISTRAR 256. RE	ter fry //	Bready
W	Clarke Mat	tingley L	eonardtown	Maryland	UN 3 0 1981	1	1
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STATE OF MARYLAND



	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
(TYP)	MARY	DOROTHY HAYI	DEM	Tuna 22 3	007	
3. SE		4. RACE	I	June 22, 1	1981 THDAY) IF UNDE	12:45
	Female	Black	March 25.1898	83 78	YRS	DATS HOURS MI
la, Bi	COUNTRY) Md.	U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	_	ATH
10	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATI		KIND OF BUSINESS (USTRY
UsU.	Onardtown AL RESIDENCE (IF NURSING HOME OR	St. Mary's Host	ADMISSION			
13a. S	STATE 136 COUN	lary's Leonard	N 1134 INSIDE CITY LIMITS?	St.Andre	w's Chu	rch Rd.
14 FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME		LAST
3	Lucious	Swales	Jenny	WIDDLE	Nolan	d
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECUI	IRITY NO. 17 INFORMANT	ADDRE		
N		213-24-	2827A John H.	Havden I	St.Andr	ew Churc
	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and DBY: FE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	witory Correst	Dinase	3	approximate interval there onser and per- the days
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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FOR - STATE REGISTRAR L DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DEC NO	

20. DATE OF DEATH

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mpletely filled in by the funeral disond 2 shauld be filed within 72 hou ŏ ond Mental Hygiene prior or Item shauld be detached

MPORTANT

CERTIFICATION

MEDICAL

(TYPE OR PRINT)					1	
CHARL	ES ALOYSIUS HOLLE	EY	June 21, 1981		b5:3	OA
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	100
Male	Negro	August 12 1903	77 YRS	ONTHS DAYS	HOURS	MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH		
Maryland	U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	St.Mary's			ME
Leonardtown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / St. Mary's Hosp	ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND C INDUSTRY	F BUSINE	SS OR
13a STATE 13b Co	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DUNTY 131. CITY OR TOWN Mary 5 T. Ponardt	N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			

nar,yranu	St. Mary S	Leonard Cown	AF2	NO X			
FATHER'S NAME			15. MOTHER'S	MAIDEN NAME			
TATA 7 7 7	MIDDLE	TT - 7 7 m	Λ	FIRST	MIDDL		AST
Willie		Holley	Ann	nie		Butl	er
		166 SOCIAL SECURITY NO.	17 INFORMAL	NT	AD	DRESS	
	(IF YES, GIVE WAR OR DATES)		- Table 1				
No	0.00	216-18-5551	Mary	Lillian	Holley	Leonardtown,	Maryland

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o gove rise to immediate couse (o), stating the lost underlying couse

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
220.1 certify that (I) (this hospital)		, 19, 19	, to	. 19	_, that (I) (we) I

220.	I certify that (I) (this hospital) attende	d the deceosed from		, to	, 19, that (l) (we)
	sow the deceased plive on	ede after death,	ond that in (my) (our) op	inion death occurred on the de	ate and hour and from the causes stated
375	SIGNATURE		DEGREE		22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Leonardtown, Maryland 20650

	John F.Fenwic	ck, M.D
23a	BURIAL, CREMATION, REMOVAL	236 DATE

23c NAME OF CEMETERY OR CREMATORY

Leonardtown St. Mary's Md.

6.23.81

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

June 23.81 St. Aloysius Brinsfield Funeral Home, Leonardtown, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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June 21, 1992 (5:30)

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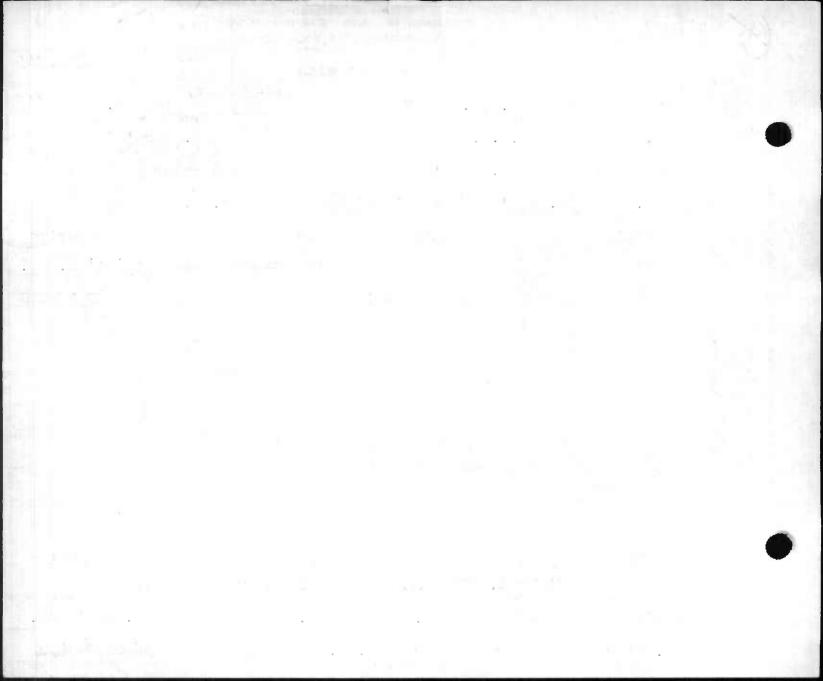
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John F. Curic , . .

Monardina, w syland 10050

25	1-	FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	6 1 4 2
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The loss of the lo		Cinale RTHPLACE STATE OR FOREIGN DUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED //DOWED TO DIVORCED	9 BALTIMORE CITY OR COUNT St. Mary's	
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mplet mplet		Md. THER'S NAME ERST END THO		Pk. 13d INSIDE CITY LIMITS? YES X NO 1	MIDDLE	d Drive Chesser
be execut	16a V	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECURIT 222-20-20	Dankana D	MacCoy Same	as13
equires that the death certificate in signed by the attending physic. Then please remove carbon pape to burial, crematian, or removal injury, or other traumatic event, the contract of the co	NOI	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEA	E OF	Hopeu Janal Disease or condition GI	
YSICIAN: The law reding physicion. Is certificate has been buriol-transit permit. Mental Hygiene priar ritem 18 shaws any in the state of the state	AL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1		IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
ENDING PHYSICIAN- ol or attending physics R. After this certifical use as the burial-tran Health and Mental Hy- is marked or Item 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211 LOCATION	CITY OR TOWN	COUNTY STATE 19, that (I) (we) last
OR ATTE e hospital DIRECTO ched for Dept. of them 21		sow the decepsed alive ary obave, (1) (we) (did) (did no 22b. SIGNATURE	Matter death	DEGREE ATTENDING PHYSICIAN [depth accurred on the date and ha	27c. DATE SIGNED 6-27-81
TO HOSPITAL (reformed by the TO FUNERAL I should be delto with the Store IMPORTANT; if	23a. B	URIAL, CREMATION, REMOVAL	236. DATE 23c. NAV	22° ADDRESS LAW ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	- 2/227
BP DHMH - 16 60M 1/75 (VR A 15 (4))		Burial INERAL DIRECTOR	June 30, 1981 S ingley Leonard	250. DAT	and St.George erecid. By registrar 284 130 1981	Island S.M.Md

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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		TATE EGISTRAR				CERTIF	ICATE OF DEAT	H		REG. NO.			
		ASED NAME	FIRST		MIDDLE		AS1		2a DATE OF	DEATH M	ONTH DA	YEAR	26 HOUR
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F	BIRTI	HPLACE (STATE OF	FOREIGN		WHAT COUNTRY	2 8	D X NEVER MARRI		BALTIMO	RE CITY OR	COUNTY	OF DEATH	
1	COU	Md.		U.S.	Α.	WIDOW			St. I	Wary's	5		
Ť	0. CITY	OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	ION	120 USUAL C		N	12b. KIND (OF BUSINESS C
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Ti	4 FATH	IER'S NAME			12.10 011011	10011	15. MOTHER'S MAIL	IDEN NAM					
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	No.	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-12	-1676	Thomas	Arti	hur R	alev	SAME	as #	<i>#</i> 1.3
ŀ		CAUCE OF DEA	TH (Catalog	h			THOMAS	201 01	2012		Detail.	APPRO	ONSET AND DEA
-1	10	PART I. DEATH	WAS CAUSE	D BY:	er line for (a), (b), (c)	e o	ESPIRE	450	D	11	1.,0	BLIWEEN	ONSE! AND DEA
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		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
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	~ _	(IF EITHER NOTIFY MET			P.M.	19	NV 100 171011						
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-1		WHILE NOT W	ORK										
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		saw the decea					nd that in (my) (our)	apinian de	eath accurre	d on the dat	e and haur	and fram the	couses stated
	L	above, (I) (we)	(did) (did no	t) view the bad	y after death.								
	12	26. SIGNATURE		-11)		DEGREE					22c. DATE	ESIGNED
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\dashv	2	d. PHYSICIAN'S N	JAME ITURE C	10 80 10	-0		22e ADDRESS	NCIAIT _	DINECTOR				
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T	23a. BUI	RIAL, CREMATION			23	. NAME OF	EMETERY OR CREM	AATORY	23d. LOCA				
		CIFY)							CITY	ORTOWN		COUNTY	STATE
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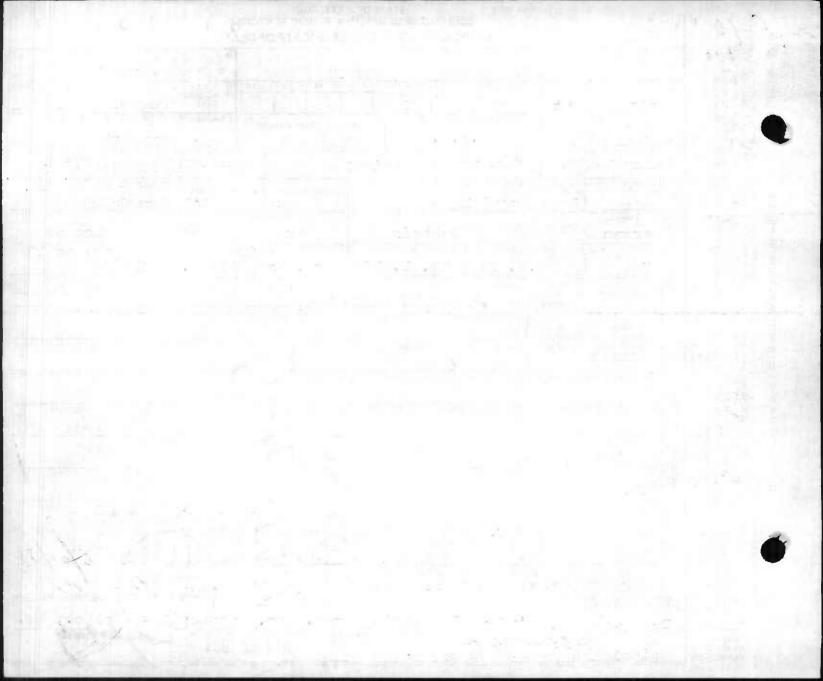
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Singleton Funeral Home

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0. C	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ASSESSED.	LTH .	11. NAME OF HOS			ROTHER INSTITUTION	11s. USUAL OCCUPA	TION	126 KIND	OF HUSINESS OF	
December Procession Proce		St. Mary's Hospital									
15U	AL RESIDENCE OF MURS					ATTA DE DE CHY (MITTE)	In concession			\	
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	gove rise to imm	nediate	S number cuts	La condicave	2060	6 6	. 1	T	1 33		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIGUING TO DEATH BUT NOT HELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN BY ART THE										
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Leonardtown, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

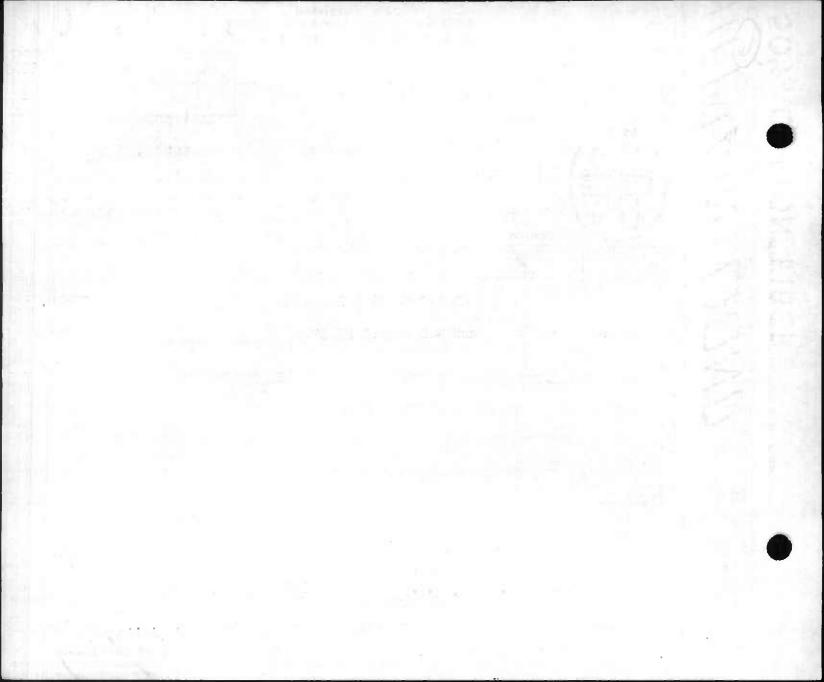
Clarke Mattingley

the luvial-transit permit. Then please remove or and Meriol Hygiene prior to buriol, cremation.

build be detached for use as the built the thrust of Health and M. MPORTANT: # hem 21 is m

TO FUNERAL DIRECTOR.

AT:AC IDE-OF and James Date Co. Recall 43 Level de de de la constante 21/12.32 Led gardeny Sarleson stratute geoderanout 287 506 7 FA 8 Day 255 7 756 178 194 ACTUAL SECTION OF THE Est in the State of the State o atward of pre-transport Infromet neglected filesters Intille pA lott. de ... trerormicel valiatores sansit ...



STATE	OF	MARYL	AND
JIMIE	VI	MARIL	MITTU

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR		DEPARTM		CATE OF D		,	G. NO.	6 /	4	8
	I. DECEASED NAME FIRST	MI	DDLE	LA	ST		20. DATE OF DEA		AY YEAR	26 HOUR	R
ı	EMMA	LOUI	SE S	TEVEN	S		June 17	. 1981		05:2	5A.
N	SEX	4. RACE		5 DATE OF	FBIRTH		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2	
	Female	Negro		3 3	10	1900	81	YRS.	MONTHS DATS	HOURS	MIN.
2	O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W			☐ NEVER M	ARRIED	9 BALTIMORE CI		OF DEATH		
/	Maryland ID CITY OR TOWN OF DEATH	U.S.A	OSPITAL, NURSING	WIDOWED		ORCED	St. Man				MD.
0	Leonardtown	St. Mar	y's Host	oital	K OTHER INST	IIUTION	120 USUAL OCCL	OST OF WORKING LIFE	12b KIND C INDUSTRY)F BUSINES	SS OR
1	USUAL RESIDENCE (IF NURSING HOME 136. STATE 13b. CO St.	UNTY	TIVE RESIDENCE BEFORE A 136. CITY OR TOWN HOLLYWOOD	1	13d INSIDE CI	TY LIMITS?	Rt. # 1	ESS			
	M. FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S		WE				
)	John	MIDDLE	Carter		Ali	ce	WIDI	DLE	Brown	ī	
	160 WAS DECEASED EVER IN U.S.		66 SOCIAL SECUR	ITY NO.	17 INFORMAN		A	DDRESS	DIOWII		
	No No	GIVE WAR OR DATES)	217-30-11	89	Glady	s Young	Holl	ywood, M	arvilan	Б	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR	AS A CONSEQUEN	NCE OF	enal NOT RELATED	TO THE TERM	Harl INAL DISEASE OR	CONDITION GIVE	EN IN PART 10	0	
)	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDIT	ION FOR WHICH C	PERATION	WAS PERFOR	MED	200 AUTOPSY?	IN CERTIFY	WERE FIND IN	OF DEATH	1?
		DEATH HOUR A.M	MONTH DAY	YEAR	21c HOW INJ	ury occu r e	RED (ENTER NATURE O	FINJURY IN ITEM 18 PA	RT 1 OR PART 2)		4
	OR CONTRIBUTING CAUSE OF E	21e. PLACE OI	F INJURY IT, FACTORY, OFFICE, FAR	en, etc.)	211 LOCATIO	N	СЦА	OR TOWN	COUNTY	STA	ATE
	220 I certify that (I) (this has sow, the deceased of the	6///	ter death	1/3	inhot in (my) (., 19our) opinion o	deoth occurred on t	he date and hour		that (I) (we	
	23h SIGNATUR	7 Pm	Den	D	EGREE A1 P	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [22c. DATE		
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT			22e. ADDRESS						
	William D.						rdtown, M	aryland	2065	0	
	230. BURIAL CREMATION REMOVA	1 23h DATE	1 237 N	AME OF CE	METERY OF C	DEMATORY	234 LOCATION				

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any

(SPECIFY)

Burial

24 FUNERAL DIRECTOR 6-20-8] St. Johns

Hollywood St. Mary's Maryland

250. DATE REC'D, BY REGISTRAN 25b. REGISTRAN S. SIGNALINE

Brinsfield Funeral Home, Leonardtown, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

AND THE ST. VAIS COMP. 17, 2 at . . S. and

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Lucacratown or. Ingle Moreital

4 may be

	STATE OF MARYLAND					
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	DEC NO.	I	6	1

4

				REG. NO	0.	
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	JAMES		SWEENEY	June 18,1		4:3
3. SE	Χ	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UND	ER 1 YEAR IF UNDER 2
	Male	White	March 12, 1903	78	YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH
	Md.	U.S.A.	WIDOWED DIVORCED	St. Mary		Final House
	eonardtown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St. Mary's Hos	NG HOME OR OTHER INSTITUTION ADDRESS) Pital	120 USUAL OCCUPATION OF WORK FOR MOST OF TARMING		KIND OF BUSINES DUSTRY
13a. S	Md. St.		icsvilylse no	13e. STREET ADDRESS Route 1		
	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	Day	LAST
160. V	OMAS WAS DECEASED EVER IN U.S. A	RMED FORCES? 1166 SOCIAL SECU		ADDRE		Box 325
	YES, NO OR UNKNOWN) (IF YES, C	220-34			Holly	wood, Mo
	18 CAUSE OF DEATH lEnter only one cause per line for (a) (b), and (c) A - C - C - C - C - C - C - C - C - C -					APPROXIMATE INTERV
	Conditions, if ony, which gave rise to immediate couse to stating the underlying cause lost	DUE TO, OR AS A CONSECU	a lung	ereaq		
CATION	gave rise to immediate couse (a), stating the underlying cause lost	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO HE TERM	NINAL DISEASE OR CONI	20b. IF YES, WER	E FINDINGS USED
TIFICATION	gave rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO HE TERM		20b. IF YES, WER	
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D.	DEATH BUT NOT RELATED TO HE TERM OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES YIN ITEM 18 PART I OF	E FINDINGS USED CAUSES OF DEATH NO []
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DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shelled be then with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

Jakis was and Jame 18,1931 1261 St. Mary's 44.5.4 Laurentenn St. Mary's Mosoi ol t tone a sillering and the little Market with the complete states your 1949-we-state of the control of and the state of t dilion . Bey J. I. M. L. Louined com, saryland 10150 t total text to the second to the contract to